9312689241 P 19/22
PRINTED: 10/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES PAI) PROVIDERSUPPLIER/CUA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		1	PLE CONSTRUCTION (3	(X3) DATE SURVEY COMPLETED 10/10/2013	
· · · · · · · · · · · · · · · · · · ·	TN4401 8. WING				
ame of provider or supplier IABRY HEALTH CARE	1340 N G		; STATE, ZIP CODE IARLES HWY P O BOX 7 38662		
PREFIX LEADH DEFIDIENC	ATEMENT OF DEPICIONCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING (NPORWATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REPERBACED TO THE APPROPR DEFICIENCY)	BE COMPLETE DATE	
N 000 Initial Comments		N 000			
October 7-10, 2012 investigation of cor in conjunction with was substantiated in	icensure survey conducted on 3, at Mabry Health Care, nplaint #31991, was conducted the survey. The complaint and no deficiencies were cited 0-8-6, Standards for Nursing				
N 419 1200-8-6-,04(11)(d)	Administration	N 419	N 419		
required by any org that provides or arm care staff to any nui state of Tennessee. organization, or age initiating a criminal i person hired by that working in a nursing to report the results check to any facility	round checks are also anization, company, or agency anges for the supply of direct raing home licensed in the Such company, ancy shall be responsible for packground check on any entity for the purpose of home, and shall be required of the oriminal background in which the organization reg to work, upon request by		Corrective Action: 1. On 10/22/13 human resource personnel was inserviced by the administrator on iconducting pre-employment background checks. 2. On 10/23/13 human resource personnel received the background check on LPN #1 and was placed in employee file. On 10/23/13 iall employed personnel files were audited for background checks; 100% compliance was found. 3. New policy for pre-employment background checks was revised; see attached.		
	l as evidenced by: personnel files and y falled to perform a criminal or one of five personnel files	:	4. Human resource personnel will conduct a monthly audit of newly hired employees to assure that pre-employment background chac are completed. Pre-employment background a will be reported to the QAPI team every other	udits ~~	
The findings include:	#:		•		
separated from empl Review of the file rev	nnei file for Licensod i) #1 revealed the LPN cyment on June 9, 2011. ealed the LPN was rehired				
n of Mealth Care Facilities ATORY DIRECTORS OR PROVIDE				(X9) DATE	

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If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER **TREST ADDRESS.** CITY, STATE, 27P CODE** **1340 N GRUNDY QUARLES NWY P O BOX 7 GAINESSORO, TN 38562 (CA) ID PROVIDERS PLAN OF CORRECTION. **PREFIX TAGS** **PREFIX PREFIX CITY OR LSC IDENTIFYING INFORMATION** **PREFIX TAGS** **NAME** **NAME** **PREFIX TAGS** **PROVIDERS PLAN OF CORRECTION. **PREFIX TAGS** **PREFIX TAGS** **PROVIDERS PLAN OF CORRECTION. **PREFIX TAGS** **PROVIDERS PLAN OF COR	Division of Health Care Fac STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED					
MABRY HEALTH CARE STREET ADDRESS. CITY, STATE, ZIP CODE 1349 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38662 [XA) ID SUMMARY STATEMENT OF DERICIENCIES THAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 419 Continued From page 1 on August 16, 2012, and the first day of resident care was performed August 16, 2012. Continued review of the file revealed no documentation of a criminal background check. Interview with the Human Resource employee in the administrative office on October 10, 2013, at 8:15 a.m., confirmed there was no criminal background check conducted on the LPN who had been separated from employment facility for more than 14 months. Interview with the Administrator in the administrative office on October 10, 2013, at 4:45 p.m., confirmed the facility failed to conduct a				A BUILDING:								
MARRY HEALTH CARE 1349 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 419 Continued From page 1 on August 16, 2012, and the first day of resident care was performed August 16, 2012. Continued review of the file revealed no documentation of a criminal background check. Interview with the Human Resource employee in the administrative office on October 10, 2013, at 6:15 a.m., confirmed there was no criminal background check on the LPN who had been separated from employment facility for more than 14 months. Interview with the Administrator in the administrative office on October 10, 2013, at 4:45 p.m., confirmed the facility failed to conduct a			TN4401	B, WING		10/	10/2013					
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